

Blue Earth County Human Services Age Distribution & Capacity Variance Request

Name:	Phone Number:
Address:	City and ZIP:
Email:	Licensors:

License Class: A B1 B2 C1 C2 C3 D

Please submit a variance request 30 days prior (unless emergency) to the start of the request to allow for receipt and processing. A variance must be approved prior to the date it is needed. We will not backdate a request. Failure to follow these guidelines may result in a denial of a variance or a correction order if operating over capacity.

1. Why are you requesting a variance from section MN Rule 9502.0367?
 - Start a new child before another leaves or enters a new age category
 - Accommodate siblings in care
 - Accommodate overlap in part-time schedules
 - Emergency care

2. Date variance will start: _____ Date variance will end: _____

Variance Days	Variance Hours	Maximum # of Children in Care During Variance Hours Under Age 11 (include your children)	# of Children Under 5 years	# of Children Under 2 Years
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

3. If a variance is approved, what specific alternative/additional measures (above and beyond what you already do) will you take to ensure the health, safety, and protection of the children in your care:

I understand that the variance is only for the specific enrollment attached to this request. Changes to enrollment will void the variance. If I anticipate changes in enrollment or schedules, I will contact my licensors and complete a variance addendum request. I agree that all information provided is true and accurate.

Provider's Signature:	Date:
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